



**Mining  
Form  
MR-1300**

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
BUREAU OF LAND AND WASTE MANAGEMENT  
DIVISION OF MINING AND SOLID WASTE PERMITTING  
2600 Bull Street, Columbia, SC 29201  
Telephone Number: (803) 896-4261 Fax Number: (803) 896-4001**

**APPLICATION FOR MODIFYING A MINE OPERATING PERMIT AND/OR RECLAMATION PLAN**

Name of Mine: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_ County: \_\_\_\_\_

Home Office Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Telephone: \_\_\_\_\_

Mine Office Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

Telephone: \_\_\_\_\_

Location of Mine: \_\_\_\_\_  
(State or County Highway) (nearest town or city)

**REASONS FOR REQUESTING MODIFICATIONS**

**Change in the Land Use for Which Affected Land Will Be Reclaimed**

Segment or Area: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Describe: \_\_\_\_\_

**Change in Reclamation Practices:**

Segment or Area: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Describe: \_\_\_\_\_

**Change in Schedule of Reclamation**

Segment or Area: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Describe: \_\_\_\_\_

**Increase Land Area** (attach new map)

Segment or Area: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Describe: \_\_\_\_\_

**Decrease Land Area** (attach new map)

Segment or Area: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Describe: \_\_\_\_\_

**Other**

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request modification of the above permit and/or reclamation plan and certify that the information originally submitted on the application has not changed (except as provided herein above) and that this mine is now in compliance with the South Carolina Mining Act.

\_\_\_\_\_  
Signature of Operator or his Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_ as surety, hereby consents to the above referenced modification and acknowledges and agrees that its bond shall remain in effect in the event the modification is approved (CONSENT TO BE OBTAINED BY OPERATOR).

ATTEST:

BY: \_\_\_\_\_ (L.S.)  
Secretary or Assistant Secretary

(Affix Corporate Seal if applicable)

\_\_\_\_\_  
Licensed South Carolina Agent

\_\_\_\_\_  
Principal (L.S.)

\_\_\_\_\_  
Title (L.S.)

\_\_\_\_\_  
Surety (L.S.)

\_\_\_\_\_  
Attorney-in-fact (L.S.)

Approved: \_\_\_\_\_

Date: \_\_\_\_\_